

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**RENAL PHYSICIANS ASSOCIATION PAC RPA PAC**

Full Name (Last, First, Middle Initial)

## **A. Dr. Lance Sloan**

Mailing Address 10 Medical Center Blvd  
Suite A

City Lufkin State TX Zip Code 75904

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Self

Nephrologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

03 / 20 / 2015

Transaction ID : SA11AI.6376

Amount of Each Receipt this Period

600.00

Contribution

Full Name (Last, First, Middle Initial)

## **B. Dr. Peter Smolens**

Mailing Address 5922 Winding Ridge Dr.

City San Antonio State TX Zip Code 78239

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

San Antonio Kidney Disease

Nephrologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

03 / 31 / 2015

Transaction ID : SA11AI.6431

Amount of Each Receipt this Period

300.00

Contribution

Full Name (Last, First, Middle Initial)

## **C. Dr. Paul Turer**

Mailing Address 3714 Michelle Way

City Baltimoreor State MD Zip Code 21208

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Mid-Atlantic Nephrology

Nephrologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

03 / 20 / 2015

Transaction ID : SA11AI.6380

Amount of Each Receipt this Period

300.00

Contribution

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1200.00